



Privacy Authorization Form

The Privacy Act requires that federal agencies protect your privacy. You must complete and sign this authorization form before a federal agency can respond to Congressman Brown's inquiry on your behalf. Please print, complete, sign, and return this form to:

Congressman Sherrod Brown
St. Joseph's Community Center
205 West 20th Street, Suite M230
Lorain, OH 44052.

Date: _____

Mr. / Mrs. / Ms. (Please Circle One)

Name (Last, First, MI): _____

Permanent Address:

Phone: _____ **(Day)** _____ **(Evening)**

Social Security Number: _____

**Agency Claim
Or Case Number:** _____

I understand that for Congressman Brown to respond fully to my request, it may be necessary for Congressman Brown or his staff to review related federal records. By signing this form, I hereby authorize the appropriate federal agencies to release to Congressman Brown and his staff such information as they may require.

Signature: _____